

Labor Organization Officer
and Employee Report

U.S. Department of Labor
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

OMB No. 1214-0001 12/31/86

1. Name and address of person filing HAROLD JOHN SENA 1193 WAGO DR PUEBLO, CO 81006		2. Name and address of labor organization INTERNATIONAL BROTHERHOOD OF ELEC WORKERS LOCAL UNION 111 360 ACOMA ST, ROOM 305 DENVER, CO 80223	
3. Position in labor organization SR ASSISTANT BUSINESS MANAGER	4. Date fiscal year ended 12/31/00	5. File number (if assigned) U-1342	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

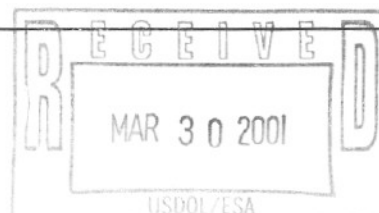
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer INTERNATIONAL BROTHERHOOD OF ELEC WORKERS	Address of Employer 360 ACOMA ST, ROOM 305, DENVER, CO 80223
7. Nature of Interest, Transaction or Income BOARD OF DIRECTOR FEE OF \$1000.00 FOR EACH MEETING ATTENDED FOR MOBILE TOOL INTERNATIONAL. TWO \$250.00 AUDIT COMMITTEE FEES. ANNUAL RETAINER OF \$3000.00 FOR YEAR END OCTOBER 2000 TO OCTOBER 2001. TOTAL COMPENSATION IN YEAR 2000 IS \$8500.00	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business	Address of business
9. Business deals with— <input type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	
10. If 9B or 9C is checked give trust or employer's name	
11. Nature and approximate dollar value of such dealings	

12. Nature of interest held or income received



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/>	14. Nature of payment
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Harold John Sena at Pueblo, Co. 81006 on 3/10/01
City State Date